# **FEE TRANSMITTAL**

## Electronic Version v08

Stylesheet Version v08.0

Title of Invention

**BILATERAL IMAGING APPARATUS** 

Application Number:

Date:

First Named Applicant: Bernice E. Hoppel

Attorney Docket Number: 147541

# **TOTAL FEE AUTHORIZED \$ 918**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

## **BASIC FILING FEE**

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	1001	770	770
		Subtotal Fo	r Basic Filing Fees: \$ 770

# **EXTRA CLAIM FEES**

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 26	6	1202	18	108
Independent Claims : 3	0	1201	86	0
			Subtotal For Extra	Claims Fees: \$ 108

### **ASSIGNMENT FEES**

Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$	
Recording Each Patent	00000000	1	8021	40	40	
Assignment Per Property Fee						
Subtotal For Additional Fees: \$40						

### **AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 070845

Deposit name: GE Medical Systems Global Technology Company,

LLC

Deposit authorized name: David Arnold

Signature: \*DA\*

Date (YYYYMMDD): 2004-04-30

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.